



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVAL ☐ REAPPROVAL
Please select: ☐ NURSING HOME BASED ☐ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

INITIAL APPROVAL REQUIREMENTS

- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours
- Course Syllabus:
 - ☐ If using a Course Syllabus that has current approval from the Board of Nursing, you are not required to submit the Course Syllabus
 - ☐ If using a Course Syllabus that does not have current approval from the Board of Nursing, submit:
 - Course overview
 - Course objectives
 - Content outline
 - Skills training
 - Teaching methodologies
 - Methods of evaluation
 - Environment for learning
 - Student:Instructor ratio
 - Names of required textbooks

REAPPROVAL REQUIREMENTS

- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☐ Changes in program length & distribution of hours, if any
- ☐ Changes in Course Syllabus, if any
- ☐ Changes in Faculty, if any
- COMMENTS:

Note: Written notification should be submitted to the Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM _____

ADDRESS: _____

TEL: _____ **FAX:** _____ **EMAIL:** _____

NAME OF COURSE: _____

PROGRAM COORDINATOR & CREDENTIALS: _____

- ☐ Attach vitae/professional work history with Initial Application for this Program Coordinator
- ☐ Attach a copy of current RN license card with Initial Application and each Reapproval Application

PRIMARY INSTRUCTOR & CREDENTIALS: _____

- ☐ Attach vitae/professional work history with Initial Application for this Primary Instructor
- ☐ Attach a copy of current RN or LPN license card with Initial Application and each Reapproval Application
- ☐ Attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years

SIGNATURE OF APPLICANT / TITLE _____

DATE _____

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: _____ **DATE APPROVED:** _____

DATE APPLICATION RETURNED: _____ **DATE DENIED:** _____

REASON FOR DENIAL: _____

EXPIRATION DATE OF APPROVAL: _____

BOARD REPRESENTATIVE: _____